

CITY OF GRANBURY

IRRIGATION/DOUBLE CHECK VALVE PERMIT APPLICATION

Physical Address/Intersection:			
Abstract/Addition:	Acres/Block:	Lot(s):	Applicant/Owner Phone Number:
Applicant/Owner:		Applicant/Owner E-mail:	
Mailing Address:	City:	State:	Zip:
Property Owner's Name	Property Owner's Phone Number	Property Owner's Mailing Address & Zip	

CLASS OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR	WATER SOURCE <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation Meter <input type="checkbox"/> Size: _____ BACKFLOW PREVENTION DEVICE Fire Size: _____ <input type="checkbox"/> Serial#	DESIGN PRESSURE <input type="checkbox"/> PSI VALVES <input type="checkbox"/> Isolation <input type="checkbox"/> Y-Strainer <input type="checkbox"/> Type: _____ PRESSURE REGULATOR REQUIRED Model# <input type="checkbox"/> Yes <input type="checkbox"/> No	MAIN LINE <input type="checkbox"/> Material Type: _____ <input type="checkbox"/> Size: _____ LATERAL LINES <input type="checkbox"/> Material Type: _____ <input type="checkbox"/> Size: _____ <input type="checkbox"/>
---	---	---	--

Irrigation Contractor's Name	Irrigation Contractor's Phone #	Irrigation Contractor's Mailing Address	Texas Contractor's License #

Backflow Device is to be installed to manufacturer recommendations, information, and State & Local Code.

- Applicant understands that the City of Granbury Building Department requires a double check valve inspection after installation of the irrigation device.
- Double Check boxes shall be 18" deep.
- Double Check shall be 12" minimum below depth.
- Service line from check valve to control valves shall be 12" minimum depth.
- Lateral supply lines to the heads shall be 12" minimum depth.
- Double check valve shall be tested by a Certified Backflow Tester after installation and the report shall be submitted to the City of Granbury.

INCLUDED WITH APPLICATION

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Location of Backflow
Rain & Freeze Sensor
ISO Valve |
| <input type="checkbox"/> Digital Plan | |

CITY OF GRANBURY USE ONLY

Approved ____/____/____.m.

Contacted ____/____/____.m.

Current Zoning Classification _____

NOTICE – PLEASE READ BEFORE SIGNING

A minimum 48-hour review period begins at 9:00 a.m. on the day following receipt of this application. No work shall be performed, nor any accepted until a permit has been issued.

Applicant Signature:	Applicants Name (Print):	Date:
----------------------	--------------------------	-------